COMPRIED DECLARATIO	UNITED STATES	OF AMERICA ATTORNEY FOR P	ATENT APPLICAT	ION	P 2 89-162	
As a below named inventor, I hereby declare that: my residence, post offise address and eithership are as stated below next to my maine; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are appealed to the which is claimed and for which a patent is sought on the invention entitled.						
Delay-Compensated Timeslot Assignment Method and System for						
Point-to-Multipoint Communication Networks The specification of which is attached bereto, unless the following box is checked:						
was filed on as United States patent Application Number or PCT International patent						
application number and was amended on (if any).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, so amended by any amendment referred to above.						
I seknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, \$1.36.						
I hereby claim priority benefits under Title 35. United States Code §119 of any foreign application(s) for patent or inventor's certificate of United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate						
having a filing date before that of the application on which priority is claimed:						
Prior Foreign or Provisional Application(s)						
COUNTRY	APPLICATION NUMBER DATE			FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
					YES X NU	
Japan	2000-009608 19,Janu			3,2000	YES NO	
					YES NO	
I haveby claim the benefit under This 31, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not elected in the prior United States application in the manner provided by the first paragraph of Title 33, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in 1140-37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
United States Application Number	DATE OF FILING (der. month, year)			STATUS (patented nending abandoned)		
APPLICATION NOMBER		inder, morner, rear				
I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Jerome M. Berliner - Reg. No. 18,653; Robert C. Faber - Reg. No. 24,332; Edward A. Meilman - Reg. No. 24,735; Stanley H. Lieberstein - Reg. No. 23,400; Steven I. Weisburd - Reg. No. 27,409; Max Moskowitz - Reg. No. 30,576; Stephen A. Soffen - Reg. No. 31,063; James A. Finder - Reg. No. 30,173; William O. Gray, Ill - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625 and Douglas A. Miro - Reg. No. 31,643, as alterneys with full power of substitution and revocation to prosecute this application. to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.						
SEND CORRESPONDENCE TO:	OSTROLENK, FABER, GERB & SOFFEN, LLP 1180 AVENUE OF THE AMÉRICAS NEW YORK, NEW YORK 10036-8403 CUSTOMER NO. 2352 DIRECT TELEPHONE CALLS TO: (212) 382-0700 (212) 382-0700					
I hereby declare that all catemants made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful falce customents may jeopardize the validity of the application or any patent issued thereon.						
FULL NAME OF SOLE OR FIRST INVEN		INVENTOR'S SIGNA	nayabashi (anuary 17, 2001	
Masaki UMAYABASH		maraki U	nayabouru \	4.70	F CHTIZENSAIP	
RESIDENCE (City and either State or Foreign Country) Tokyo. Japan				Japan		
ALTO STORY						
c/c NEC Corporation, 7-1, Shiba 5-cheme, Minate-ku, Tokyo, Japan						
FULL NAME OF SECOND JOINT INVEN	TOR (IF ANY)	INVENTOR'S SIGNA	TURK	0,	ATE	
				COUNTRY OF CITIZENSHIP		
RESIDENCE (City and entirer State or Foreign Country)				\$65/7K1 61 GITTES		
POST OFFICE ADDRESS						
FULL NAME OF THIRD IOINT INVENTOR (# ANT) INVENTOR'S SIGNATURE			fure	DATE		
RESIDENCE (City and either State or Foreign Country)				COUNTRY OF CITIZENSHIP		
POST OFFICE ADDRESS						

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